

November 13, 2002

Re: Medical Dispute Resolution
MDR #: M2.03.0009.01
IRO Certificate No.: IRO 5055

REVISED REPORT

This is to revise the report submitted on 11.06.02, for the purpose of clarifying the reviewer's rationale, for the decision regarding decompression and fusion at L4-5.

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Spinal Surgery.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

Clinical History:

This 56-year-old female patient was injured on the job on _____. She underwent L4-5 discectomy in September 1998, a re-do discectomy at L4-5 in June 1999, and an L4-5 fusion in June 2000. The patient continues to suffer severe, persistent and increasing pain in her back, bilateral buttocks and lower extremities (left greater than right side.)

CT myelogram on 12/19/01 reveals L2-3 mild spinal stenosis and L3-4 moderate spinal stenosis. Discography on 05/06/02 reveals positive back pain present at all levels of the lumbar spine.

However, only L2-3 and L3-4 had pain present in the hips, bilateral buttocks and right anterior thigh.

Disputed Services:

Lumbar spine decompression and fusion at L1-2, L2-3, L3-4 and L4-5 with exploration.

Decision:

The reviewer partially agrees with the determination of the insurance carrier. The reviewer is of the opinion that decompression and fusion at L1-2 is **not** indicated or medically necessary. However, based on the medical records reviewed, lumbar decompression and fusion **is** indicated and medically necessary at L2-3, L3-4 and L4-5.

Rationale for Decision:

With lack of a negative control level on discography, it would be impossible to improve this patient's back pain. However, with positive discography for hip, buttock and lower extremity pain, and with concurrent radiography reports on myelography indicating spinal stenosis at levels L2-3 and L3-4, decompression and fusion at these levels appears medically necessary. **Decompression and fusion at L4-5 for removal of hardware, exploration and fusion is also medically necessary in this case.**

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you five (5) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on November 13, 2002.

Sincerely,